

# NIEHS INDIVIDUAL DEVELOPMENT PLAN RENEWAL

(for 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> year renewals)

For Renewal of:      Second      Third      Fourth      Fifth      Special Sixth

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Lab/Branch: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Entry Date [*orig. appt.*]: \_\_\_\_\_

Date of This Renewal: \_\_\_\_\_ End Date of This Renewal: \_\_\_\_\_

Total Anticipated Length of Fellowship: \_\_\_\_\_ years

CHECK HERE if this is the Terminal Year

I anticipate renewing this person for another year [Attach official NIH renewal form]

Re-appointment is provisional, based upon improvements in the trainee's performance on specific criteria as described in Section II C below<sup>1</sup>. These activities and assessment shall be completed by the trainee and reviewed by the mentor and OSD no later than the following date: \_\_\_\_\_

I. Progress to date:

## **RESEARCH**

A. Toward meeting last year's research and training objectives [*This narrative should attempt to address productivity, effort, creativity, reliability and Cooperation/Team effort within the lab.*]

B. Accomplishments, FARE awards, posters at Meeting, Seminars or other scientific presentations

C. Publications: [*Not needed if updated CV is attached*]

D. Scientific Meeting(s) attended

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<sup>1</sup> See Section IV, "Guidelines for Mentored Training at NIEHS" for additional discussion of this option

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## **CAREER**

A. Career Plans [e.g., career paths explored, informational interviews conducted]

B. Career Development Activities [e.g., courses, teaching, committees, outreach]

## II. Annual Review of Progress

A. Method of Review [check all that apply]

Public seminar to Lab or Branch

Private seminar to Lab or Branch PI's

Written annual report [attach]

Private discussion(s) with Preceptor

B. Status of Review [check one]

Has made satisfactory progress in all areas

Improvements required in certain areas as addressed in Section III

Unsatisfactory progress requiring evaluation of renewal status

C. Activities are required due to unsatisfactory progress.

List specific criteria or experiments required for review and evaluation. Use a separate document if needed, and attach to this form as an Appendix:

D. Re-evaluation following activities of Section C

Performance has improved and annual reappointment is warranted

Performance was not acceptable. Notice of termination is warranted

This decision was reached on [date]: \_\_\_\_\_

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E. Dismissal from current laboratory [approved by SD     ]

Fellow notified of termination on [date] \_\_\_\_\_ to be effective in \_\_\_\_\_ months

Fellow will be placed with a different mentor no later than [date] \_\_\_\_\_

## III. [Optional] Self-Assessment

A. Recommendation to revisit values, interests, skills, gaps in knowledge [useful tool found at <http://myIDP.sciencecareers.org>]

## IV. Training objectives for the next year:

### **RESEARCH**

A. Current projects to be continued:

B. Activities to be completed:

C. Projects to be initiated:

D. Scientific Meeting(s) to attend:

E. Other:

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## **CAREER**

A. Career paths to explore [e.g., career paths explored, informational interview activities]

B. Career development activities to undertake [e.g., courses, teaching, committees, outreach, shadowing, volunteering]

## V. Mentorship

A. Identification of Second Mentor *[not necessarily scientific]*

Name: \_\_\_\_\_

Affiliation (*Lab/Branch, University, Professional Organization, etc.*): \_\_\_\_\_

Comments about communication with Second Mentor:

B. Fellow's plans to mentor someone (ex: summer student)

## VI: Other Expectations:

A. Regarding Fellow (ex: time management, work schedule, vacations, holidays, productivity, cooperativity, initiative, etc.)

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B. Regarding mentor (ex: availability, guidance in skill development, use of active questioning to guide a mentee towards a solution, etc. See [Nature's Guide for Mentors](#))

VII. [Optional] Supplemental Comments of Lab/branch Chief:

VII. Signatures:

By signing, each person concurs with the report above, and is confirming that this document was reviewed and discussed between fellow and preceptor.

(signed)

Fellow	Date
Preceptor	Date
Lab/Branch Chief	Date

\*\*SUBMIT THIS COMPLETED DOCUMENT TO: [IDPlan@niehs.nih.gov](mailto:IDPlan@niehs.nih.gov)\*\*

*Cc to: NIEHS Training Director, Scientific Director*